second cat could not have been amœbic. These experiments do not point strongly to an amœbic cause for the dysentery of the patient. The ascending character of the disease in the small intestine may explain the intractable nature of the affection in man. In conclusion, the author suggests that heretofore a mistake has been made in killing experimental animals too early.

Chronic Diphtheria.—It is well known that diphtheria-bacilli may exist in the throat for months after an attack, and that they may occur in the healthy pharynx. Cases of chronic exudate are, however, much less common, and F. JENSEN (*Centralbl. f. innere Med.*, 1897, No. 19) reports the following: a nineteen-year-old servant-girl became ill with general symptoms and an ulcer on the right half of the soft palate, in the secretion of which virulent Loeffler's bacilli were found. During the next five months there continued to be an exudate in the pharynx in which virulent diphtheria-bacilli could always be demonstrated. The bacilli were characteristically influenced by the Behring serum, while it had no effect on the exudate. The best local results were given by a simple gargle of salt water. The blood-serum of the patient protected twenty times more than normal serum against injections of Loeffler's bacilli. The absence of symptoms of general intoxication during the greater part of the time was perhaps explained by the infiltration of the mucous membrane of the pharynx preventing absorption.

The Excretion of Uric Acid in Acute Pneumonia.—DUNIN and NOWACZEK (*Zeitschr. f. klin. Med.*, 1897, Bd. xxxii.). The authors review the theories that have been held concerning the origin of uric acid, and discuss at some length the process by which Horbaczewski arrives at his view that the uric acid is derived from the leucocytes and that it varies in amount with the number of leucocytes. This theory should allow of clinical demonstration. The authors began their work with the idea of proving clinically the correctness of Horbaczewski's claim. Pneumonia was chosen as affording the best opportunity, on account of the great hyperleucocytosis and the rapid absorption of the leucocyte containing exudate. Experiments were made upon five cases. In each the uric acid was estimated every day by the method of Haycroft, which has been shown to give results corresponding very nearly with those of the Salkowski method. The results show plainly that the uric acid is markedly increased during the absorption of the exudate. The uric acid began to increase the day before the crisis; the amount rose for two to four days, then fell slowly to normal in from three to four days more—a striking corroboration of the view of Horbaczewski.

Absorption from the Bladder.—MORRO and GAEBELEIN (*Zeitschr. f. klin. Med.*, Bd. xxxii.). Notwithstanding the work done on this subject, the results are contradictory, mostly due to faulty methods. Generally the experiments go to show that solutions of KI are absorbed. By inference this is true of other drugs. As regards the absorption of the normal constituents of the urine conclusions vary still more, Kaul claiming that they are and Treskin that they are not absorbed. The author's experiments were made upon dogs; the abdomen was opened and the ureters tied. The bladder was washed out and the carefully controlled solution injected. Later

the animal was killed and the fluid in the bladder again examined. The authors experimented with ten drugs, including cocaine, carbolic acid, and morphine; all except the last were absorbed. "The practical significance of the experiments is at once apparent, especially in the case of cocaine and carbolic acid. They show that in the local treatment of diseases of the bladder cocaine is only to be used with caution and carbolic acid not at all if severe poisoning is to be avoided."

SURGERY.

UNDER THE CHARGE OF

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A New Radical Operation for Inguinal Hernia.—Basing his departure on fifty-two operations which he has performed by Bassini's method, JONNESCO (*Cent. für Chir.*, March 27, 1897) modifies that operation in the following manner, with the purpose of obliterating not only the inguinal canal, but also the internal abdominal ring, by strengthening the abdominal wall at that point. He has performed this operation with perfect success in three cases:

The incision is the same as in Bassini's operation, commencing two finger-breadths from the pubic spine. The finger is then passed into the canal and its anterior wall divided. The hernia is reduced and the sac separated from the cord; it is much easier to isolate the hernial sac if it is first opened. The sac is ligated as high up as possible and the stump returned into the abdomen after resection

Before the cord is replaced beneath the peritoneum it should be carefully isolated, and care should be taken to see that the entire posterior wall of the inguinal canal is divided down to the peritoneum from the internal to the external ring. The cord is now replaced upon the peritoneum and a series of interrupted sutures introduced with a curved Reverdin needle. The first tissues united are, on the one side, Poupart's ligament, and, on the other, the internal oblique and transversalis aponeuroses. These sutures extend the entire length of the canal, closing the internal abdominal ring and extending to the pubic spine, where a sufficient opening is left to allow the exit of the cord, usually an opening that will admit the tip of the little finger. The second plane of sutures unites the muscular fibres of the internal oblique and transversalis to Poupart's ligament. These stitches take in the lower